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	Submit an original, and a c	TION APPLICATION RANSMITTAL duplicate for fee processing. Il applications under 37 CFR 1.53(d	CHECK BOX, if applicable
Address	to: Assistant Commissioner for Patents BOX CPA Washington, DC 20231	Attorney Docket No. First Named Inventor Express Mail Label No. Total Pages	VOV-302 Peter Harney EL699592991US
p	his is a request for a Continuation or rosecution application (CPA) of a prior application number led on December 24, 1998, entitled Methods and Kits for		ation under 37 CFR 1.53(d), continucted Constructs
	FILING QUALIFICATIONS: The prior application identific complete as defined by 37 CFR 1.51(b) and filed on or application in compliance with 35 U.S.C. 371 and filed on or application in compliance with 35 U.S.C. 371 and filed on or under 37 CFR 1.53(b). EXPRESS ABANDONMENT OF PRIOR APPLICATION: application as of the filing date of the request for a CPA. continuation-in-part of an application that is not to be aband ACCESS TO PRIOR APPLICATION: The filing of this applicant under 35 U.S.C. 122 to the extent that any mem to access to, copies of, or information concerning, the print information concerning, the other application or application 35 U.S.C. 120 STATEMENT: In a CPA, no reference to the and none should be submitted. If a sentence referencing to a CPA is the specific reference required by 35 U.S.C. 120	r after June 8, 1995, or (2) the nator after June 8, 1995. In cannot be filed as a CPA under 3: The filing of this CPA is a request 37 CFR 1.53(b) must be used to doned. CPA will be construed to include a ber of the public who is entitled under application may be given similar as in the file jacket. The prior application is needed in the the prior application is submitted, it we have a series as a submitted in the prior application is submitted.	to expressly abandon the prior file a continuation, divisional, or waiver of confidentiality by the er the provisions of 37 CFR 1.14 access to, copies of, or similar first sentence of the specification will not be entered. A request for
231 202, 1 203	in such request, 37 CFR 1.78(a). Enter the unentered amendment previously filed on	e prior application, 37 CFR 1.53(d)(4 aprovisional application:	4).
4.	b. The inventor(s) to be deleted are set forth on a separate A new power of attorney or authorization of agent (PTO/SB Information Disclosure Statement (IDS) is enclosed:		

(Page 1 of 2)

Burden Hour Statement: this form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

DATE



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<u> </u>	-		Г	Τ			
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS		
	TOTAL CLAIMS (37 CFR1.16(c)	-20 =		x \$=	\$		
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3+		× \$=			
	MULTIPLE DEPENDENT	CLAIMS (if applicable)	+ \$=				
	BASIC FEE (37 CFR 1.16(a))						
	Total of above Calculations =						
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28)						
				TOTAL =			
6. Small entity status: a. A small entity statement is enclosed. b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. c. Is no longer claimed. 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No: a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ is enclosed. 9. Other: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.							
		10. NEW CC	RRESPONDENCE AL	DDRESS			
Customer Nu	Customer Number or Bar Code Label		Customer No. 25181 (Insert Customer No. or Attach bar code label here)		New correspondence address below		
NAME							
ADDRESS							
			STATE		ZIP CODE		
COUNTRY		7	ELEPHONE		FAX		
	11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
NAME SIGNATURE							